

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

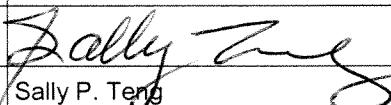
(to be used for all correspondence after initial filing)

		Application Number	10/579,782
		Filing Date	May 18, 2006
		First Named Inventor	Peter Caulkett
		Art Unit	1614
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	13	Attorney Docket Number	056291-5290

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	- Combined Declaration and Power of Attorney
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORGAN LEWIS & BOCKIUS LLP		
Signature			
Printed name	Sally P. Teng		
Date	June 5, 2008	Reg. No.	45,397

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2008		Application Number	10/579,782
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	May 18, 2006
<input type="checkbox"/> TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Peter Caulkett
(\$) <input type="text" value="130.00"/>		Examiner Name	Unassigned
<input type="checkbox"/> Art Unit		Art Unit	1614
<input type="checkbox"/> Attorney Docket No.		Attorney Docket No. 056291-5290	

METHOD OF PAYMENT (check all that apply)								
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____								
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-0310</u> Deposit Account Name: <u>Morgan Lewis & Bockius LLP</u>								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17				<input type="checkbox"/> Credit any overpayments				
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES			
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fees Paid (\$)	
	Utility	310	155	510	255	210	105	_____
	Design	210	105	100	50	130	65	_____
	Plant	210	105	310	155	160	80	_____
	Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____	
2. EXCESS CLAIM FEES								
Fee Description								
Each claim over 20 (including Reissues) <u>Fee (\$)</u> <u>Fee (\$)</u> 50 25								
Each independent claim over 3 (including Reissues) <u>Fee (\$)</u> <u>Fee (\$)</u> 210 105								
Multiple dependent claims <u>Fee (\$)</u> <u>Fee (\$)</u> 370 185								
Total Claims Extra Claims Fee (\$) Fee Paid (\$)				Multiple Dependent Claims				
- 20 = <u> </u> x <u> </u> = <u> </u>				Fee (\$) Fee Paid (\$)				
HP = highest number of total claims paid for, if greater than 20.								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)				Fee (\$) Fee Paid (\$)				
- 3 = <u> </u> 0 x <u> </u> = <u> </u>				HP = highest number of independent claims paid for, if greater than 3.				
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
- 100 = <u> </u> /50 = <u> </u> (round up to a whole number) x <u> </u> = <u> </u>								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): <u>Late filing surcharge</u> <u>130.00</u>								

SUBMITTED BY							
Signature			Registration No. (Attorney/Agent)	45,397	Telephone	(202) 739-3000	
Name (Print/Type)	<u>Sally P. Jeng</u>		Date	June 5, 2008			